## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

Certificate of Mailing or Transmission

ATTORNEY DOCKET NO

UW-2

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sulficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEB address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

> (Depositor's name (Signature

CONFIRMATION NO.

7838

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address and indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and or indicated unless correspondence address and or indicated unles maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Please check the appropriate assignee category or categories (will not be	printed on the patent): Individual Corporation or other private group entity Government						
4a. The following fee(s) are submitted:  Itsue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Payment by credit cand. Form PTO-2038 is attached.   Payment by credit cand. Form PTO-2038 is attached.   The Director is hereby authorized to charge the reguling fee(s), any deficiency, or credit any overspayment, to Deposit Account Number (D4-1769) (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Authorized Signature /Paul A. Schwarz/	Date July 6, 2010						
Authorized Signature /Paul A. Schwarz/ Typed or printed name Paul A. Schwarz	July 6, 2010						

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/06/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
MUI, CHE	RISTINE T	1797	436-171000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.5%)  Change of correspondence address (or Change of Correspondence Address form FTOSB/12.2) attached.  "Fee Address" indication (or "Fee Address" Indication form FTOSB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		era 2	2	

FIRST NAMED INVENTOR

Keith T. Carron

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

TITLE OF INVENTION: CYANIDE AND RELATED SPECIES DETECTION WITH METAL SURFACES

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

## UNIVERSITY OF WYOMING

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

05/06/2004

04/06/2010

7590

DUANE MORRIS LLP - Princeton

28581

PO BOX 5203 PRINCETON, NJ 08543-5203

APPLICATION NO.

10/840,090

## LARAMIE, WYOMING